

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/578,067
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						/
2							52						/
3							53						/
4							54						/
5							55						/
6							56						/
7							57						/
8							58					/	
9							59					/	
10							60					/	
11							61					/	
12							62					/	
13							63					/	
14							64					/	
15							65					/	
16							66					/	
17							67					/	
18							68					/	
19							69					/	
20							70					/	
21							71					/	
22							72					/	
23							73					/	
24							74					/	
25							75					/	
26							76					/	
27							77					/	
28							78					/	
29							79					/	
30							80					/	
31							81					/	
32							82					/	
33							83					/	
34							84					/	
35							85					/	
36							86					/	
37							87					/	
38							88					/	
39							89					/	
40							90					/	
41							91					/	
42							92					/	
43							93					/	
44							94					/	
45							95					/	
46							96					/	
47							97					/	
48							98					/	
49							99					/	
50							100					/	
TOTAL IND.					5		TOTAL IND.						
TOTAL DEP.					19		TOTAL DEP.						
TOTAL CLAIMS					20		TOTAL CLAIMS						